



CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8A)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

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Signature

Lisa L. Pringle

(type or print name of person certifying)

Date: 23 March 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:)	
)	
Stephen K. Vernon)	Group Art Unit: 2663
)	
Serial No.: 09/854,623)	Confirmation No.: 8013
)	
Filed: 15 May 2001)	Examiner: Derrick W. Ferris
)	

For: *Data Rate Adjuster Using Transport Latency*

RESPONSE TO FINAL OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Final Office Action dated January 23, 2006, issued in connection with the above-identified application, please enter and consider the following remarks.

Amendments to the Claims are reflected in the listing of the claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

AF
JRW

PATENT
ATTORNEY DOCKET NO.: NG(MS)7195

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Stephen K. Vernon

Confirmation No.: 8013

Application No.: 09/854,623

Examiner: Derrick W. Ferris

Filing Date: 15 May 2001

Group Art Unit: 2663

Title: Data Rate Adjuster Using Transport Latency

Mail Stop AF
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Sir:

Transmitted herewith is/are the following in the above-identified application:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Response/Amendment | <input type="checkbox"/> Request to extend time to respond |
| <input type="checkbox"/> New fee as calculated below | <input type="checkbox"/> Supplemental Declaration |
| <input type="checkbox"/> No additional fee | |
| <input type="checkbox"/> Other: _____ (fee \$ _____) | |

CLAIMS AS AMENDED BY OTHER THAN A SMALL ENTITY						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
FOR	CLAIMS REMAINING AFTER AMENDMENT	NUMBER EXTRA	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS		MINUS		0	\$50.00	\$0.00
INDEP. CLAIMS		MINUS		0	\$200.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					\$360.00	
EXTENSION FEE	1ST MONTH \$120.00	<input type="checkbox"/>	2ND MONTH \$450.00	<input type="checkbox"/>	3RD MONTH \$1,020.00	<input type="checkbox"/>
					\$1,590.00	<input type="checkbox"/>
					OTHER FEES	
					TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	
					\$0.00	

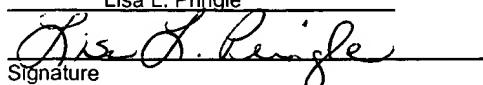
Charge \$ _____ to Deposit account 20-0090. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 20-0090 pursuant to 36 CFR 1.25. Additionally, please charge any fees to Deposit Account 20-0090 under 37 CFR 1.16 through 1.21 inclusive, and any other sections in Title 37 of the Code of Federal Regulations that may regulate fees. A duplicate copy of this sheet is enclosed.

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Date: 23 March 2006

Lisa L. Pringle


Signature

Respectfully submitted,

By 
Christopher P. Harris

Attorney/Agent for Applicant(s)

Reg. No.: 43,660

Date: 23 March 2006

Telephone: (216)621-2234